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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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TRUSTEE'S name, street address, city, state, and ZIP code		1 Employee or self-employed person's MSA contributions made in 2001 and 2002 for 2001 \$	OMB No. 1545-1518 2001 Form 5498-MSA
		2 Total contributions made in 2001 \$	
		3 Total MSA contributions made in 2002 for 2001 \$	
TRUSTEE'S Federal identification number	PARTICIPANT'S social security number	4 Rollover contributions \$	5 Fair market value of MSA or M+C MSA \$
PARTICIPANT'S name		6 Medicare+Choice MSA <input type="checkbox"/>	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)			
City, state, and ZIP code			
Account number (optional)			

Form **5498-MSA**

Cat. No. 23097L

Department of the Treasury - Internal Revenue Service

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